



Kevin Schieffer <kvs@schiefferconsulting.net> on 10/22/2014 10:39:29 AM

To: 2022190174@fec.gov,
cc: "Kevin V. Schieffer" <kvs@schiefferconsulting.net>,

Subject: FEC Form 5 initial filing (22Nov14) by "Former Staffers of Larry Pressler"

To Whom it May Concern:

Attached is an initial filing for a new independent expenditure made in connection with the US Senate race in South Dakota. Based on my conversation with Chris in your office late last week, our intention is to file FEC Form 1 within 9 days of this filing, and an FEC Form 3X filing on or before November 21, 2014, which will include a Termination Report.

Should you have any questions, please do not hesitate to contact me at this email address or at the phone number below. Thank you in advance for your consideration and filing.

Sincerely,

Kevin V. Schieffer, on behalf of Former Staffers of Larry Pressler
kvs@schiefferconsulting.net
605.321.6410



Document-Former Staffers of Larry Pressler FEC Form 5 22Nov14.pdf

140N 1 11N 1 1101

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Former Staffers of Larry Pressler	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1601 E. 69th St. Ste 300	
(c) City, State and ZIP Code Sioux Falls, SD 57108	3. FEC Identification Number C
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report ☒ 24-Hour Report
☐ October 15 Quarterly Report ☐ 48-Hour Report
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

5. COVERING PERIOD:

FROM **10' 21' 2014**
THROUGH **11' 04' 2014**

6. TOTAL CONTRIBUTIONS **.185,000.00**
7. TOTAL INDEPENDENT EXPENDITURES **.185,000.00**

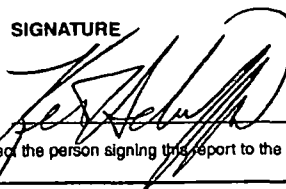
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Kevin V. Schieffer



22 Oct 14

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE 2 OF 3

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (in Full)

Former Staff of Larry Pressler

A. Full Name (Last, First, Middle Initial)

Kevin V. Schieffer

Mailing Address

1601 E 69th St, Ste. 300

City

Siox Falls

State

SD

Zip Code

57108

Date of Receipt

10/21/2014

Amount of Each Receipt this Period

184,000.00

Name of Employer

Occupation

B. Full Name (Last, First, Middle Initial)

Liz Baker

Mailing Address

4800 E. Winged Foot Dr.

City

Tucson

State

AZ

Zip Code

85718

Date of Receipt

10/22/2014

Amount of Each Receipt this Period

500.00

Name of Employer

Occupation

C. Full Name (Last, First, Middle Initial)

Joe Chulick

Mailing Address

PO Box 1606

City

Bellevue

State

CA

Zip Code

98033

Date of Receipt

10/22/2014

Amount of Each Receipt this Period

300.00

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Date of Receipt

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Amount of Each Receipt this Period

, , -

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

185,000.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Former Staff of Larry Pressler

Full Name (Last, First, Middle Initial) of Payee

Media One

Mailing Address

3918 S. Western Ave

City

Sioux Falls

State

SD

Zip Code

57105

Date of Public Distribution/Dissemination

10 21 2014

Amount

184,000.00

Purpose of Expenditure

Category/Type 004

Office Sought:

☐ House

State: SD

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Larry Pressler

Calendar Year-To-Date Per Election
for Office Sought

184,000.00

Disbursement For: ☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Media One

Mailing Address

3918 S. Western Ave.

City

Sioux Falls

State

SD

Zip Code

57105

Date of Public Distribution/Dissemination

10 22 2014

Amount

1,000.00

Purpose of Expenditure

Category/Type 004

Office Sought:

☐ House

State: SD

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Larry Pressler

Calendar Year-To-Date Per Election
for Office Sought

185,000.00

Disbursement For: ☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City

State

Zip Code

Date of Public Distribution/Dissemination

M M D D Y Y Y Y

Amount

Purpose of Expenditure

Category/Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary

☐ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....

185,000.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....

(carry total from last page forward to Line 7)

185,000.00

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(8/2013)